

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number 1081170 | | Filing Date | | | |
|--|--|----------|--------|-----------------------|--------|------------------------|--|---|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | |
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